

**Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
September 29, 2015**

Sierra Health Foundation
1321 Garden Highway
Sacramento, CA 95833

OHE-AC Members Participating:

Paula Braveman, MD, MPH	Patricia Lee, PhD
Dalila Butler, MPH	Uriel Lopez, BA
Yvonna Cazares, BA	Dexter Louie, MD, JD, MPA
Rocco Cheng, PhD, Vice Chair	Francis Lu, MD
Aaron Fox, MPM	Gail Newel, MD, MPH
Sandi Galvez, MD, MPH, Chair	Jose Oseguera, MPA
Katie Valenzuela Garcia, MS	Hermia Parks, MA, RN, PHN
Alvaro Garza, MD, MPH	Diana Ramos, MD, MPH
Pastor Willie Graham, MS, MTh	Linda Wheaton, MURP, AICP
Carrie Johnson, PhD	Joe Wilkins, MBA, FACHE
Jan King, MD, MPH	

Members Absent:

Sergio Aguilar-Gaxiola, MD, PhD
Jeremy Cantor, MPH
Cynthia Gomez, PhD
Raul Recarey, BA

State Officials/Staff:

Jahmal Miller, MHA, OHE Deputy Director	Thi Mai, Research Scientist I, OHE
Dante Allen, MCM, Senior Communications Officer, OHE	Leah Myers, MCM, AGPA, OHE
Katie Belmonte, JD, Senior Staff Counsel, CDPH, OLS	Tamu Nolfo, PhD, Senior Project Manager, CHPM, OHE
Karen Ben-Moshe, MPH, MPP, Senior Program Associate, PHI, HiAP, OHE	William Porter, MS, Health Program Specialist I, CDEU, OHE
Dulce Bustamante-Zamora, PhD, Research Scientist II, OHE	Mallika Rajapaksa, Research Scientist IV, OHE
Julia Caplan, MPP, MPH, Program Director, PHI, HiAP, OHE	Brooke Sommerfeldt, Health Program Specialist I, OHE
Marina Castillo-Augusto, MS, Staff Services Manager I, CDEU, OHE	Edward Soto, MS, Health Program Specialist I, OHE
	Elizabeth Baca, MD, MPA, Governor's Office of Planning and Research

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Lianne Dillon, MPH, Policy Associate, HiAP, OHE
Carol Gomez, AGPA, OHE
Kimberly Knifong, MBA, Health Program Specialist I, CDEU, OHE
Meredith Lee, Health Program Specialist I, HiAP, OHE
Robert Lipton, PhD, Director, Health Research and Statistics Unit, OHE

Lisa Bates, California Department of Housing and Community Development (HCD)
Daniel Woo, MPH, AGPA, Policy Unit, OHE
Noralee Cole, SSA, OHE
Linda Helland, MPH, CPH, Policy Unit, OHE
Camille Garcia, OHE Intern
Laura Leonelli, MA, Health Program Specialist I, CDEU, OHE

Speakers from the Public:

Pete Lafollette
Raja Mitry

9:00 a.m. Convene Meeting and Welcome | Roll Call | Agenda Review | Logistics

Sandi Gálvez, MSW, Chair of the Office of Health Equity (OHE) Advisory Committee (AC), called the OHE-AC meeting to order at 9:10 a.m. and welcomed everyone. She asked the AC Members to introduce themselves and welcomed the new AC Members. She provided a brief overview of the OHE-AC meeting agenda.

Motion: May 13, 2015, Meeting Minutes

Chair Gálvez stated she and Rocco Cheng, PhD, are not Co-Chairs, but Chair and Vice Chair, respectively.

José Oseguera, MPA, made a motion to approve the May 13, 2015, Meeting Minutes as amended.

(Motion made).

AC Member Braveman: Paula Braveman. Approve.
AC Member Butler: Dalila Butler. Abstain.
AC Member Cázares: Yvonna Cázares. Approve.
AC Vice Chair Cheng: Rocco Cheng. Approve.
AC Member Fox: Aaron Fox. Abstain.
AC Chair Gálvez: Sandi Gálvez. Approve.
AC Member Garcia: Katie Valenzuela Garcia. Abstain.
AC Member Garza: Álvaro Garza. Aye.
AC Member Graham: Willie Graham. Yes.
AC Member Johnson: Carrie Johnson. Approve.
AC Member King: Jan King. Abstain.
AC Member Lee: Patricia Lee. Abstain.
AC Member Louie: Dexter Louie. Approve.
AC Member Lu: Francis Lu. Abstain.
AC Member Newel: Gail Newel. Abstain.
AC Member Oseguera: José Oseguera. Approve.

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AC Member Parks: Hermia Parks. Approve.

AC Member Wilkins: Joe Wilkins. Abstain.

AC Member Wheaton: Linda Wheaton. Approve.

Vote: Motion approved by roll-call vote, with eight abstentions.

Public Comment – Section 1.

(please reference attached public comment section)

Motion: Bylaws Ad Hoc Committee Members

Hermia Parks, MA, RN, PHN, nominated Dexter Louie, MD, JD, MPA, and Vice Chair Cheng nominated Cynthia Gómez, PhD, as Members of the Bylaws Ad Hoc Committee.

(Motion made).

AC Member Braveman: Paula Braveman. Yes.

AC Member Butler: Dalila Butler. Yes.

AC Member Cázares: Yvonna Cázares. Yes.

AC Vice Chair Cheng: Rocco Cheng. Yes.

AC Member Fox: Aaron Fox. Yes.

AC Chair Gálvez: Sandi Gálvez. Yes.

AC Member Garcia: Katie Valenzuela Garcia. Yes.

AC Member Garza: Álvaro Garza. Aye.

AC Member Graham: Willie Graham. Yes.

AC Member Johnson: Carrie Johnson. Yes.

AC Member King: Jan King. Yes.

AC Member Lee: Patricia Lee. Yes.

AC Member Louie: Dexter Louie. Yes.

AC Member Lu: Francis Lu. Yes.

AC Member Newel: Gail Newel. Yes.

AC Member Oseguera: José Oseguera. Yes.

AC Member Parks: Hermia Parks. Yes.

AC Member Wilkins: Joe Wilkins. Yes.

AC Member Wheaton: Linda Wheaton. Yes.

Vote: Motion approved by roll-call vote with no abstentions.

Public Comment – Section 2.

(please reference attached public comment section)

9:20 a.m. Health in All Policies (HiAP) Task Force Discussion

Karen Ben-Moshe, MPH, MPP, Senior Program Associate, stated she and Kelsey Lyles, Program Associate, have been working as a team on the items in their presentation on creating violence-free and resilient communities. Ms. Ben-Moshe provided an overview, by way of a PowerPoint presentation, of the purpose, structure, process, stakeholder input, key themes, action plan goal and purpose, and short-term objectives and actions of the HiAP Task Force, and AC Member engagement in the HiAP Task Force work plan. She stated she hopes to present the final plan in the

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January Task Force meeting for approval before submitting it to the Strategic Growth Council for endorsement.

Discussion:

Álvaro Garza, MD, MPH, asked how structural violence is defined. Jahmal Miller, MHA, the OHE Deputy Director, stated the term reflects how institutions and systems can directly or unintentionally use violence as a tool to control and affect communities disproportionately.

Dr. Garza suggested adding economic violence, since it is part of structural racism.

Joe Wilkins, MBA, FACHE, suggested adding the increase in violence of law enforcement to that definition, and bringing law enforcement to the table, as they would be critical to this discussion. He referenced page 59 of the Health Equity Report, which highlights good examples of simple, practical things, such as having lighting in communities, that can be done today to make a difference.

Paula Braveman, MD, MPH, agreed with the importance of defining structural violence and the need to include economic violence. She suggested that economic violence could be part of the definition of structural violence.

Dr. Louie expressed concern about the growing educational and economic gaps, the need to address these gaps upstream, and the lack of upstream solutions in the plan.

Aaron Fox, MPM, questioned why Short-Term Objective 2 was limited to “voluntary” social services, and questioned whether enough available, culturally-competent social services even exist. Social services are services that individuals voluntarily seek out, so the word “voluntary” is unnecessary.

Ms. Ben-Moshe stated a stakeholder was concerned for individuals who are involuntarily committed or children who are forcibly removed from their homes. She agreed that the word “voluntary” may need to be removed.

Dalila Butler, MPH, agreed with AC Members Garza and Braveman about clarifying economic violence within the structural violence definition. She stated there are opportunities to address these issues in the objectives. She suggested broadening Short-Term Objective 2 by changing the word “by” to “including” in “...to alleviate poverty including improving access to ...”

Ms. Butler stated there are opportunities for state agencies and partners, as part of the learning community, to learn about structural violence and how to prevent it.

Katie Valenzuela Garcia stated Short-Term Objective 5 is about capacity building, and “identifying opportunities for cross-sector intervention” is diminished, when it is most important when tracking and identifying gaps that might require policy change,

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additional funding, or cross-sector collaboration. She requested that cross-sector intervention be given increased focus.

Pastor Willie Graham, M.S., M.Th., referenced Short-Term Objective 4, and stated the need for community-level information to address the issues mentioned, such as poverty. Much violence can be prevented by focusing more on prevention with education in the local community and providing places such as resource centers where individuals can go.

Mr. Oseguera stated the California Institute for Behavioral Health Solutions is working on a crisis intervention training program for law enforcement, which may be a good resource.

Francis Lu, MD, suggested progressive research and policy analysis regarding firearms.

Mr. Wilkins stressed the importance of safe communities. He stated Kaiser doctors are prescribing ten thousand steps per day for physical fitness, which becomes an issue if patients cannot take those ten thousand steps in a safe place. Resource centers can make a big difference in communities because they provide safe solutions.

Linda Wheaton, MURP, AICP, encouraged a broader definition of violence, and recommended clarity for a short-term action plan for state agencies.

Dr. Garza asked whether the external stakeholders' input includes input from communities. Ms. Ben-Moshe stated that has not been part of the process to date. Dr. Garza strongly recommended gathering that input, and considering how to translate state agency capacity for prevention to local agency capacity.

Dr. Louie asked where the resources for the plan come from and what the connection between the plan, the Legislature, and the governor is. Ms. Ben-Moshe stated the work of the Task Force is what state agencies are able to do together. What the final plan includes will be actionable in the short term by state agencies for collaboration. The work is likely in support of the governor, but it is separate in many ways from what the Legislature does.

Diana Ramos, MD, MPH, stated the home is part of the environment. The program in Los Angeles County focusing on postpartum mothers highlights the fact that exercise can be done in the home. She encouraged partnering with programs that take this into consideration.

Public Comment – Section 3.

(please reference attached public comment section)

10:00 a.m. CDPH and OHE Updates

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Deputy Director Miller introduced new OHE staff members and recognized their contributions. He applauded the Health in All Policies Task Force for their commitment to reducing violence, increasing community safety, and focusing on prevention upstream.

Deputy Director Miller stated the OHE has engaged Pinnacle Strategies Group and has begun to hold focus groups and town halls throughout California to increase awareness. Also, the OHE will do a site visit to the Central Valley in partnership with Sierra Health Foundation in November.

Deputy Director Miller highlighted several new projects that use collaboration and partnership beyond the California Department of Public Health (CDPH) to increase health equity, including a Request for Proposal (RFP) to reduce recidivism and three projects to address childhood trauma.

Deputy Director Miller stated the California Reducing Disparities Project (CRDP) is in Phase II, which involves establishing scoring teams and extending invitations to other departments, offices, and agencies in the California Health and Human Services Agency (CHHS) for the purpose of building capacity.

Deputy Director Miller announced the Equity 2015 Summit that PolicyLink is hosting in Los Angeles in late October. He encouraged AC Members to attend.

He stated President Obama recently spoke about structural racism and classism. People are looking to California for best practices; the OHE has the opportunity to influence national dialogue and activities, starting with the Portrait of Promise.

Discussion:

Ms. Garcia asked that communities be included in the listening sessions.

Dr. Ramos suggested holding virtual town halls.

Dr. Garza offered the assistance of the San Joaquin Public Health Consortium.

Deputy Director Miller stated the website and other communication vehicles are in the process of improvement. He stated the intent to further utilize AC Members' expertise in the future.

Mr. Wilkins thanked Deputy Director Miller for his leadership and stated the American Hospital Association has an equity pledge. Deputy Director Miller stated Mr. Wilkins was recently elected to serve on the Board for the American Hospital Association, which will be influential in increasing diversity at the national level. The OHE is renewing the interagency agreement with the Department of Health Care Services (DHCS) and will consider not only upstream but downstream issues during that process.

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Marina Castillo-Augusto

Deputy Director Miller introduced Marina Castillo-Augusto, MS, OHE Staff Services Manager, who was the Interim Director prior to his arrival and is leading the \$60 million Prop 63-funded effort around the CRDP.

Ms. Castillo-Augusto provided an overview, by way of a PowerPoint presentation, of the vision, focus areas, anticipated outcomes, strategies, and goals of the CRDP. She stated Phase II, which focuses on demonstration and evaluation of promising practices, is in open procurement. She discussed how AC Members can support the CRDP, including being part of trainings, acting as a proposal review team, and making recommendations for selection.

Discussion:

Vice Chair Cheng asked what the staffing plan is for the coming four years. Ms. Castillo-Augusto stated staffing is off to a slow start. However, the recruitment and hiring process is moving in the right direction. The training for the CHHS will ideally enlist the support of 53 individuals to help with scoring and reviewing until additional staff can be hired.

Mr. Fox stated smaller agencies typically find it difficult to handle the quick turnaround. He asked if the due date for the funding application can be pushed back. Ms. Castillo-Augusto stated time constraints and urgency need to be balanced. The frameworks have undergone substantial changes based on feedback.

Patricia Lee, PhD, stated the town hall meetings have been well-received and recommended that the contracted reports be reviewed.

Ms. Butler asked if there are other modes of contact in addition to the provided email and phone number. She also asked about multicultural approaches to addressing mental health. Ms. Castillo-Augusto stated the project is focused on community-defined evidence practices (CDEP) for targeted communities, but there has been ongoing discussion within the stakeholder process about adapting the CDEP for other groups. She asked that concerns be submitted to be considered in the future.

Pastor Graham stated the importance of creating safe spaces where people can feel comfortable in accessing social services.

Vice Chair Cheng asked how to submit concerns regarding the timeline. Ms. Castillo-Augusto recommended sending in written concerns.

Public Comment – Section 4.

(please reference attached public comment section)

11:00 a.m. Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity

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Tamu Nolfo, PhD, the OHE Senior Project Manager, stated the plan has been formally released and introduced in several forums throughout California. There will be another forum after the Equity Summit.

Dr. Nolfo shared a PowerPoint presentation that anyone can use to share information about the Portrait of Promise. The presentation began with the mission of the OHE, the definition of health equity as what is necessary for each individual to achieve their full health potential, the tasks and duties of the OHE, and how the OHE works to address upstream issues to achieve equity in every level.

Dr. Nolfo's presentation then introduced the Portrait of Promise. She discussed demographic reports around the social determinants of health; the three strategic elements of the plan - assessment, communication, and infrastructure - and their goals to reach the three targeted audiences - health partners, the health field, and the communities; efforts with the Healthy Communities Data and Indicators Project, the HiAP Task Force, and the CRDP; community-recommended actions at the systems, community, and provider levels; and ways to participate in furthering health equity.

Dante Allen, MCM, OHE Senior Communications Officer, provided an overview, by way of a PowerPoint presentation, of the overarching theme, the state of the current communication system, the lack of thought or sophistication in the OHE state website, the strategic communication planning model, key elements in rebuilding a communication system, and next steps of the OHE Strategic Communication Plan. Mr. Allen stated the starting point for the strategic communication rebuild is the Portrait of Promise. He stated a condensed version of the 96-page strategic plan is being done at the request of members of the Legislature.

Mr. Allen unveiled the new e-blast 2.0 and pointed out that the updated content and upgraded technology is more aesthetically pleasing and more focused on OHE stories, which brings more attention back to OHE resources, the website, and additional information. The website will help the OHE reach out to stakeholders through profile updates and advanced data and statistics.

Discussion:

Dr. Ramos suggested generating a Quick Response (QR) Code, posting links to social media, and asking Committee Members to post information on their home websites linked to the OHE as ways to increase traffic to the website. Mr. Allen stated the Office of Public Affairs requires the OHE to submit tweets monthly for approval. The delay is a challenge. Dr. Ramos stated the way the Los Angeles County Public Health Department overcame that problem was to ask partners to tweet for them, which allows their messages to get out without the delays.

Ms. Garcia asked how to share networks and how to begin generating anecdotal evidence that points to root causes, in order to generate traffic back to the OHE.

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Ms. Parks stated the efforts to address this issue must be ongoing to incorporate changes in priorities. Many people still approach health equity from a minority perspective, rather than considering social determinants of health, and social media is an opportunity to communicate.

Mr. Fox suggested adding infographics and mini-key studies to humanize service providers and help people identify with them, which will increase their confidence in the quality of services.

Dr. Lu asked about the cost effectiveness of translating the summary document into additional languages. He requested that the summary be written so that people of all levels of education can understand it. Mr. Allen stated translating the summary into the top five languages in California is being explored.

Mr. Wilkins asked about opportunities to link in with counties to discuss how they present and view data, particularly around equity of care. He asked how to measure the effectiveness of communication. Mr. Allen stated he and Dr. Nolfo are engaging with local health officers and are looking at a potential partnership to provide healthy communities indicators to give counties an idea of where they stand in health equity.

Dr. Garza stated the faint type in the Portrait of Promise may prove difficult for people with poor eyesight. He stated boards of supervisors may suffer from translation issues, as well, and suggested creating infographics to communicate the main concepts effectively. He noted that much of the Latino populations in California are binational, which is important to consider. Mr. Allen stated the text in the web version of the Portrait of Promise has been improved.

Dr. Louie stated the format of the text is awkward to read. He cautioned that the information seems almost like a technical document.

Ms. Parks asked if the website will be translated into different languages, perhaps by way of a drop-down menu. Mr. Allen stated he will explore the possibility of adding that feature.

Jan King, MD, MPH, stated there is a huge potential in using social media for influence and change and suggested that translating the document into vignettes or pictures may make it more effective. Mr. Allen stated the web redesign will include a focus on video and animation to convey more conceptual messages.

Yvonna Cázares, BA, offered assistance in posting to social media and building lists of links to organizations. She suggested reaching out to people for personal stories, comments, and quotes.

Ms. Butler suggested creating opportunities to share, such as contests, to gather content.

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Dr. Ramos stated the Centers for Disease Control and Prevention (CDC) is a good example where contests are concerned.

Dr. Braveman stated the OHE may not have to go too far in translating materials, as they are directed at this point towards people running organizations or in state agencies.

Chair Gálvez stated this is the first step in communications and speaks to a particular audience. She stated focusing on infographics may be more useful than translation at this point. She asked the OHE to put together simple trainings and presentations for health leaders, who can bring credibility to discussions about health equity.

Ms. Parks stated this plan, as a government plan, is the first step towards delivering something simpler that can be distributed to communities. Dr. Nolfo stated anyone can share the information from the plan in whatever way they wish. It is government data, which increases its credibility.

Public Comment – Section 5.

(please reference attached public comment section)

2:10 p.m. OHE Advisory Committee Member Orientation

Katie Belmonte, JD, the Senior Staff Counsel for the CDPH, provided an overview, by way of a PowerPoint presentation, of the purpose and intent, types of meetings, requirements, consequences of noncompliance, and 2015 revisions of the Bagley-Keene Open Meeting Act.

Discussion:

Dr. Louie asked for clarification on public testimony remaining anonymous.

Ms. Belmonte stated people who wish to provide meaningful feedback usually express who they are.

Dr. Garza asked how building the agenda fits into the Act, since the Committee does not take action and vote. Ms. Belmonte stated the best way to address this would be to set aside time at the end of each meeting to discuss future agenda items. It is allowable to have email conversations about agenda items as long as AC Members do not discuss how they will vote. She stated one-on-one communication is better in this instance than group emails.

Chair Gálvez stated discussions such as which presentations to include do not seem substantive, especially since the schedule may change in the months between meetings. Ms. Belmonte stated the Act restricts deliberation upon any item that is within the subject matter jurisdiction of the state body. It is a slippery slope.

Public Comment – Section 6.

(please reference attached public comment section)

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3:00 p.m. How the State is Aligning with Health Equity

Dr. Nolfo stated Committee Members have requested to learn more about other state departments, such as how the work of offices and departments are supporting health equity, what challenges and next steps await, and what the strategic plan means to them. She introduced Dr. Patricia Lee, an AC Member, Dr. Elizabeth Baca, and Lisa Bates, who made up the panel to answer those questions.

Patricia Lee, PhD, a Research Scientist for the Office of the Medical Director (OMD) within the DHCS and an AC Member, stated the Let's Get Healthy California Task Force determined that Californians needed to improve on 39 indicators to be the healthiest state in the nation. The OMD was charged with looking at the data on the 39 indicators and creating health disparities and mental health composition fact sheets. Twenty-four fact sheets have been generated to date.

Dr. Lee stated the OMD is updating its website and is working on a way to integrate the fact sheets with current activities within the Department and other agencies. The website is also being modified to include an email sign-up sheet for updates.

The OMD is working on a second set of fact sheets related to the Adult Medicaid Quality Grant to look at 26 quality indicators. Each state can choose 15 indicators to report on and stratify four of those indicators by race or ethnicity, disability, gender, location, and primary language. The fact sheets will be updated to include expandable graphs with this data. The fact sheets and website modifications will be released by the end of the year.

Dr. Lee stated each state is also required to choose two quality improvement projects; California chose diabetes and postpartum visits. These projects have been combined into a collaborative effort with the hypertension and managed care plan projects. The DHCS, the Institute for Population Health Improvement, and the UC Davis Health System have partnered to conduct an obesity prevention project to reduce the risk and prevalence of overweight and obesity and reduce projected health costs among Medi-Cal members who are eligible for Supplemental Nutrition Assistance Program Education. The project is funded by the USDA. The project is beginning with informative research, including key informant interviews, focus groups, and a video ethnography.

Elizabeth Baca, MD, MPA, the Senior Health Advisor in the Governor's Office of Planning and Research, stated the office is working on the General Plan Guidelines, which is an opportunity to help a community create and grow into their vision. The General Plan Guidelines have received community input in a comprehensive process in order to incorporate a chapter on healthy communities, including sections on health and economics, changing climate and resiliency, active living and recreation, social connection and safety, housing, nutrition and food systems, environmental health, and health and human services.

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Dr. Baca stated the office is also working on bringing in data to inform the planning process and creating partnerships to brainstorm on healthy communities. A new Social Determinants of Health for Planners guide will soon be released. Dr. Baca has been hosting a series intended for public health professionals, community organizations, planning professionals and commissioners, and elected officials to learn about innovative processes.

Lisa Bates, the Director of Housing Policy Development at the California Department of Housing and Community Development (HCD), stated the HCD focuses primarily on creating affordable housing opportunities and promoting sustainable communities. It is a regulatory department, as well, and works with jurisdictions to ensure that communities adequately plan for and address the needs of their residents.

One of the responsibilities of the HCD is to create a state housing plan. This plan is in development with assistance from the California Endowment. The HCD has been concentrating on increasing equity, diversity, and inclusion; this will be the focus of a two-year effort in the organizational structure and local assistance programs. The HCD has engaged in training sessions and will in future send a set of individuals through a practicum to examine the root causes of inequity. The new Affirmatively Furthering Fair Housing rule, although the role of the state is currently unclear, is another opportunity to engage a broader sector of the organization. Ms. Bates asked AC Members how they internalize equity into organizations' infrastructures.

Ms. Bates stated the HCD will map bond fund investments against the UC Davis Center for Regional Change. Residents from its housing projects have shared that their quality of life and mental health has improved, regardless of whether a housing community seems inopportune. The HCD intends to shift housing developers' views of success from monetary gain to residents' outcomes and environmental effects. It is also working on the Affordable Housing and Sustainable Communities program, which is a collaboration with the Strategic Growth Council and OPR.

Discussion:

Ms. Garcia stated plans often become disjointed when they move away from community engagement and communication between the involved groups, including residents. She applauded the HCD's commitment to strong community engagement policies and asked how to encourage this within other agencies in order to unify the planning process. Dr. Baca stated there is limited statutory requirement for local governments in the General Plan Guidelines. However, the update's approach is framed around community participation. Coordination with organizations will help, as well.

Ms. Cázares stated the challenge of finding job opportunities for residents in lower-wage communities when cities do not deem it cost-effective to build housing nearby. She recommended visiting these communities to assess their housing needs.

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Dr. Lu asked how the strategic plan reports can help with HCD efforts. Ms. Bates stated the HCD is trying to connect with other planning efforts. Staff is helping with resources and coordinating similar efforts. They are looking into mobile home parks and the Tribal Housing Needs Study, as well.

Dr. Baca recommended partnering with local organizations that are independent of the general planning process but will be affected by updates to the plan. Dr. Lee added that different programs at the DHCS overlap and can collaborate.

Mr. Wilkins stated the collaboration necessary to break down barriers is critical for opportunities with private business support. He emphasized the need to shift the culture towards equity.

Ms. Wheaton stated the need to provide housing and services to the homeless population, as well. Dr. Baca stated partnering on priorities can be difficult. However, new partnership opportunities can be found in unlikely places.

Dr. Garza asked if the HCD would consider looking at the work of the Agency for Health, Research, and Quality in their Annual Health Care Disparities Report. Dr. Lee stated that will go forward once time and resources are available.

Chair Gálvez stated inadequate housing is a pressing issue that can lead to other health problems. She asked if the HCD has considered that building amenities in order to create “healthy communities” often causes displacement of the people for whom the communities were intended.

Ms. Wheaton stated the Air Resources Board, supported by the Southern California Association of Governments and the Metropolitan Transportation Commission in the Bay Area, is funding the largest study of displacement that has ever been undertaken. The real challenge is to ensure that residents are the beneficiaries of investments in housing.

Public Comment – Section 7.

(please reference attached public comment section)

4:30 p.m. Planning for the December 8-9, 2015, Advisory Committee Meeting

Chair Gálvez asked Committee Members for suggestions for the agenda of the two-day December meeting.

Dr. Nolfo listed staff’s ideas for the next agenda:

- Recap this year and plan for next year
- Quarterly progress report on the implementation of the plan to date and implementation of plan ideas for next year
- Begin work on the next plan

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- Presentation from the Health Research and Statistics Unit on the mandated updated Demographic Report
- Report back on focus group input and response
- Possible AC Member presentations on the work being done in the communities and with the constituencies represented

Discussion:

Ms. Garcia agreed with having AC Member presentations and suggested continuing the agency presentations. She suggested that the Department of Education provide a presentation on how they will use the LCAP funds to meet broader needs.

Ms. Butler suggested continuing the small group discussions and breakouts. She agreed with continuing the agency and department presentations to see where they are already plugged in and where they can plug in more. She suggested including the agency and department representatives in the small group discussions.

Gail Newel, MD, MPH, stated the topic of gender was removed from an early draft of today's agenda. She requested that it be on December's agenda. She also asked for clarification about who assumed the duties and what is happening with the work of the former Office of Women's Health, specifically on things that are legislated, like the gynecological cancer information program.

Dr. Lu stated the strategic plan is unique and powerful and it is important for the OHE to continue pushing it ahead to keep up momentum and interest. He suggested tying the revisions, two-year updates, and quarterly reports to the strategic plan, referencing the strategic plan as the central document, and making the strategic plan the hub of the OHE's activity from which all other activity radiates. He suggested a discussion on how to make the strategic plan a living document that will be updated and impactful.

Dr. Lee agreed that the strategic plan needs to be a dynamic document. She suggested modifying the format to reach the greatest number of individuals.

Mr. Wilkins stated he would like to see the OHE-AC develop a culture of accountability in the work being done. He suggested beginning meetings with a scorecard or dashboard that links back to the strategic plan, so that results and outcomes can be reported that are tied into metrics and key measures already built into the strategic plan.

Dr. Garza agreed with opening meetings with a scorecard to review obstacles and successes so the AC Members can better advise how to overcome the obstacles. He suggested spending a significant amount of time at every meeting reviewing the plan, its implementation, its outreach, and its translation to other departments at both state and county levels. He suggested having a discussion on the "A Measure of America, A Portrait of California" report in reference to updating the Demographic Report, because it brings together many indicators listed in the plan. He suggested asking the authors

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and California Assembly Speaker Toni Atkins, who wrote the forward, to present on the report in a future meeting.

Dr. Braveman agreed that the focus of Committee meetings should be the implementation of the plan so that AC Members can better advise and raise questions at each juncture about things that have not yet been brought to the fore.

Pastor Graham stated the Committee worked hard and spoke with one voice to put this plan together. It was a difficult task to create a document that is inclusive of everyone. He agreed with pushing it forward. It is not going to be a perfect document but will be improved as things are learned going forward. He cautioned against becoming divided, because division will stall the great work that has been accomplished.

Dr. King stated she liked today's emphasis on housing and hoped the OHE will continue to consider how to impact housing, because healthy, affordable housing is important.

Dr. Louie agreed that housing is a big issue. Half the children in California are born to Medi-Cal families. This is a generation project. He stated the need to be concerned about the next generation. Ninety percent of health care is done outside the office or hospital. He suggested that the Committee have presentations and discussion on education, especially education in the formative years. Housing is important, but education is the next generation.

Ms. Cázares agreed that reporting on the progress of the plan should be a part of every meeting. She suggested setting goals at each meeting and hearing how presenters are meeting those goals. She recommended following up on some of the issues raised in today's presentations and including them in the work of the OHE and in the implementation of the plan. She also suggested creating a chart of where the plan is being implemented, who is doing it, how they are doing it, and where the gaps are to be presented at each meeting. She suggested more tangible communication tools to support the plan and to support families.

Mr. Wilkins suggested having a report on the upcoming county health survey.

Robert Lipton, PhD, the new Director for the OHE Health Research and Statistics Unit in charge of the Demographic Report, agreed that the strategic plan should be a living document and contain real, active, and useful information. He stated that will be one of the main drives for the next iteration of the Demographic Report. He stated his unit is committed to working closely with everyone involved.

Public Comment – Section 8.

(please reference attached public comment section)

4:50 p.m. Debrief | Public Comment Period | Public Comment for Items Not on the Agenda

Office of Health Equity Advisory Committee Meeting
Meeting Minutes (DRAFT Staff Notes)
September 29, 2015

Dr. Nolfo asked AC Members to share their thoughts and lessons learned from the meeting today.

Ms. Butler stated she appreciated hearing from the panel members and learning more about the plan. She stated she looks forward to further opportunities to dig deeper.

Ms. Garcia agreed. She stated she learned a lot today and was thankful for the welcoming, friendly atmosphere.

Dr. Lee stated she appreciated being asked to be part of the panel to share some of the work she is doing and to get feedback from other AC Members.

Mr. Wilkins stated he appreciated the open, sincere, honest format and hearing from the other AC Members. It is amazing to see that the work of the OHE is being emulated in organizations nationwide as they are beginning to actively look at equity of care.

Uriel Lopez thanked everyone for being open and welcoming. He stated he looked forward to future collaboration.

Ms. Wheaton welcomed the new Members and stated it is inspirational to hear from them and their new perspectives.

Chair Gálvez stated the past Committee Members will be missed, but she agreed it is refreshing to see new faces, hear new perspectives, and feel the energy the new Members bring. She stated she appreciated that the presentations today were not only an orientation to new Members but were informational for established Members. She asked the new Members to continue to provide feedback to ensure a smooth transition into the OHE-AC.

Public Comment – Section 9.

(please reference attached public comment section)

5:00 p.m. Closing Comments and Adjournment

Chair Gálvez thanked everyone for participating and ended the proceeding.